COVERING JA	FORM 507 NUARY 1 - JUNE 30, 200		JRE REPÓI ugust 15		Executive !	obbyse Rogs FOR CVV	CE USE ONLY
COVERENG JA	NUARY 1 - DECEMBER 3	31 <u> </u> - I	DUE FEBRUARY I	5		Pestmurk l	DE DISKY
<u>l to:</u> the Board of Et) <u>10:</u> (225)763-8787 (	hics, 2415 Quail Dr., 3rd i or (225)763-8780	Floor, Baton	Rouge, LA 70808			3070508	MANG 17
1 Name Harr	nall .	Ken				8	M 9: 5
1. Name HBIT	en	Fite		MT	12.60	€-ER (8/2∞7)	ත් දු
7. Business Address	1515 Poydras Street, S	Suite 2570	New Orleans	LA	70112	-7- 9	55
<ol> <li>выятиеня масилезя:</li> </ol>	Street and No.		City	Strate	Zip		
Martine & Adams	Same as Above		25			-	
Mauing Andress_	Come de Acces				X 275	S	CANN
D. Bardaran Dhana	504-587-2213						AUG 2 4 2007
3. Business Phone _	Area Code and To	elephone Num	ber			72290	G
							414m B 4 Ann
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2)	a. Name of Department and Individual Agency:	
	b. Total of all expenditures made January 1 through June 30:	<u>s</u>
	c. Total of all expenditures made July 1 through December 31: (When applicable)	<u>\$</u>
	d. Total of all expenditures made during the calendar year:	\$ <u></u>
3)	a. Name of Department and Individual Agency:	5850V N- 9
	b. Total of all expenditures made January 1 through June 30:	<b>\$</b>
	c. Total of all expenditures made July 1 through December 31: (When applicable)	<u> </u>
	d. Total of all expenditutes made during the calendar year:	s

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist